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## BIB DATA SHEET

CONFIRMATION NO. 9958

<b>SERIAL NUMBER</b> 10/713,503	<b>FILING or 371(c) DATE</b> 11/14/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3734	<b>ATTORNEY DOCKET NO.</b> P1190 CIP	
<b>APPLICANTS</b> Albert H. Dunfee, Byfield, MA; David D. Barone, Lexington, MA; <b>** CONTINUING DATA *****</b> This application is a CIP of 10/295,153 11/14/2002 ABN <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 02/17/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /KEVIN THAO Acknowledged TRUONG/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWINGS</b> 6	<b>TOTAL CLAIMS</b> 34	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> MEDTRONIC VASCULAR, INC. IP LEGAL DEPARTMENT 3576 UNOCAL PLACE SANTA ROSA, CA 95403 UNITED STATES					
<b>TITLE</b> Intraluminal catheter with hydraulically collapsible self-expanding protection device					
<b>FILING FEE RECEIVED</b> 1152	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		